



Early Journal Content on JSTOR, Free to Anyone in the World

This article is one of nearly 500,000 scholarly works digitized and made freely available to everyone in the world by JSTOR.

Known as the Early Journal Content, this set of works include research articles, news, letters, and other writings published in more than 200 of the oldest leading academic journals. The works date from the mid-seventeenth to the early twentieth centuries.

We encourage people to read and share the Early Journal Content openly and to tell others that this resource exists. People may post this content online or redistribute in any way for non-commercial purposes.

Read more about Early Journal Content at <http://about.jstor.org/participate-jstor/individuals/early-journal-content>.

JSTOR is a digital library of academic journals, books, and primary source objects. JSTOR helps people discover, use, and build upon a wide range of content through a powerful research and teaching platform, and preserves this content for future generations. JSTOR is part of ITHAKA, a not-for-profit organization that also includes Ithaka S+R and Portico. For more information about JSTOR, please contact support@jstor.org.

THE AMERICAN JOURNAL OF NURSING

VOL. IV

MAY, 1904

NO. 8

THE TENT SYSTEM OF THE BOSTON CITY HOSPITAL

By IDA WASHBURNE
Boston City Hospital

It is evident to the most casual observer that the love of outdoor life by the American people increases with each year. To prove this statement we have only to look back at the past summer and see that even with the wonderful advance which has been made in transportation it has been almost impossible to keep pace with the demands of the public. Crowded cars and boats give ample testimony of this. Numberless summer homes have been built where once was the unbroken forest or the lonely shore.

A vacation is no longer a luxury, but a necessity, and the practical business man realizes this when he plans a two-weeks' rest for each of his employés. The numerous fresh-air funds, country homes for convalescent patients, and floating hospitals all point in the same direction: an outdoor life for a time, be it shorter or longer, for everybody.

Realizing the benefit to be derived from such a life by people suffering from certain diseases, as tuberculosis, many States and municipalities, as well as private corporations, have organized sanatoria for their care depending almost entirely for treatment upon fresh air added to proper diet.

That this element enters largely into the treatment of those persons suffering from nervous diseases, as well as the insane, is a well-known fact. History records that as early as 1854, in some of the stations of the Austrian army in Hungary, the plan was commenced of treating a portion of the patients under tents instead of in the permanent hospitals, and this was continued from spring to the end of autumn with very satisfactory results.

Patients were allowed to remain until quite cold weather, and it was found that when the thermometer fell to freezing-point at night no bad results followed, and, singularly enough, the men themselves, many of whom were severely ill, declined the offer of removal to the hospital.

Dr. Kraus, an Austrian military surgeon, in his records of 1861 speaks of the excellent results following this treatment, especially in cases of typhoid, smallpox, and gunshot wounds, and strongly advocates the use of tents for field hospitals in war.

The usual objections raised, that tents are too hot, too cold, too exposed, or likely to be wet, he considers to be of no practical value.

During the War of the Rebellion the example set in Hungary was followed on a gigantic scale, as the tent hospital was established under a great variety of conditions, and that it gave much satisfaction is evident by the strong commendation of the Surgeon-General of the United States Army, Dr. William A. Hammond.

What, then, can be done for the patients in a large city hospital during the summer months?

An answer to this question may be found in a brief description of the tent system which has been used from time to time at the Boston City Hospital.

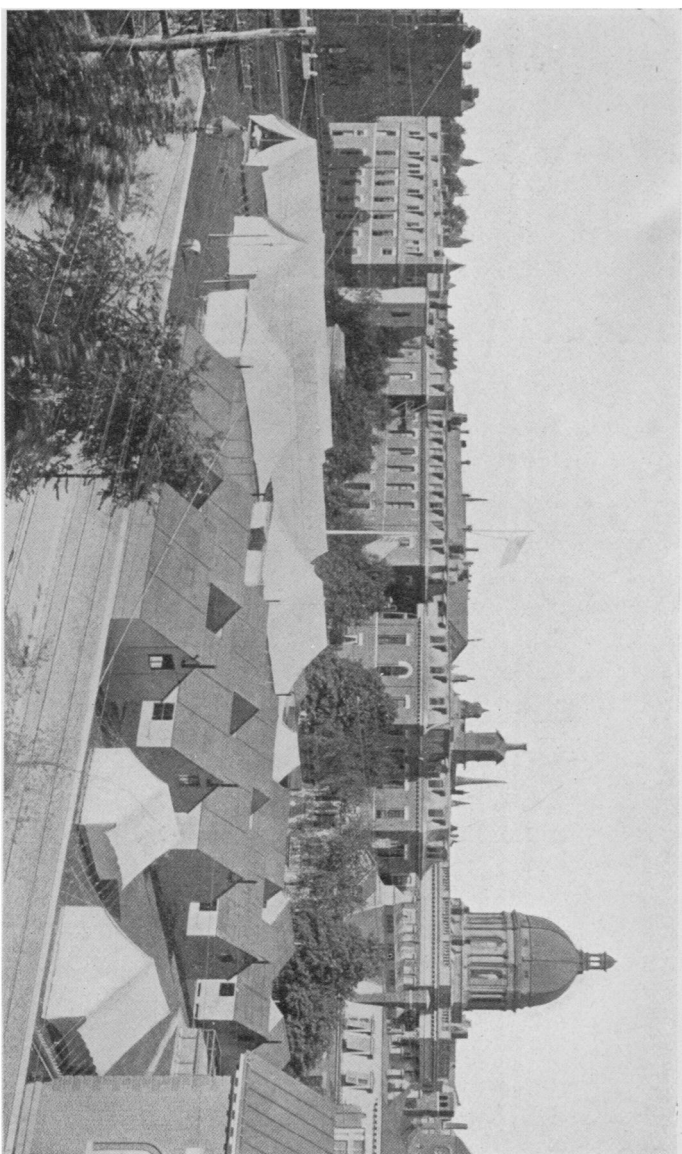
The hospital is the fortunate possessor of a space of sodded land about four-fifths of an acre in extent, bounded on the north by the hospital buildings, with the two homes for nurses lying to the southwest, while to the east are huts for the isolation of suspected cases of smallpox.

There are large and small tents, connected by platforms—a tent for the head nurse, one for commissary purposes, a marquee, and lavatory—accommodation in all for sixty patients, medical and surgical.

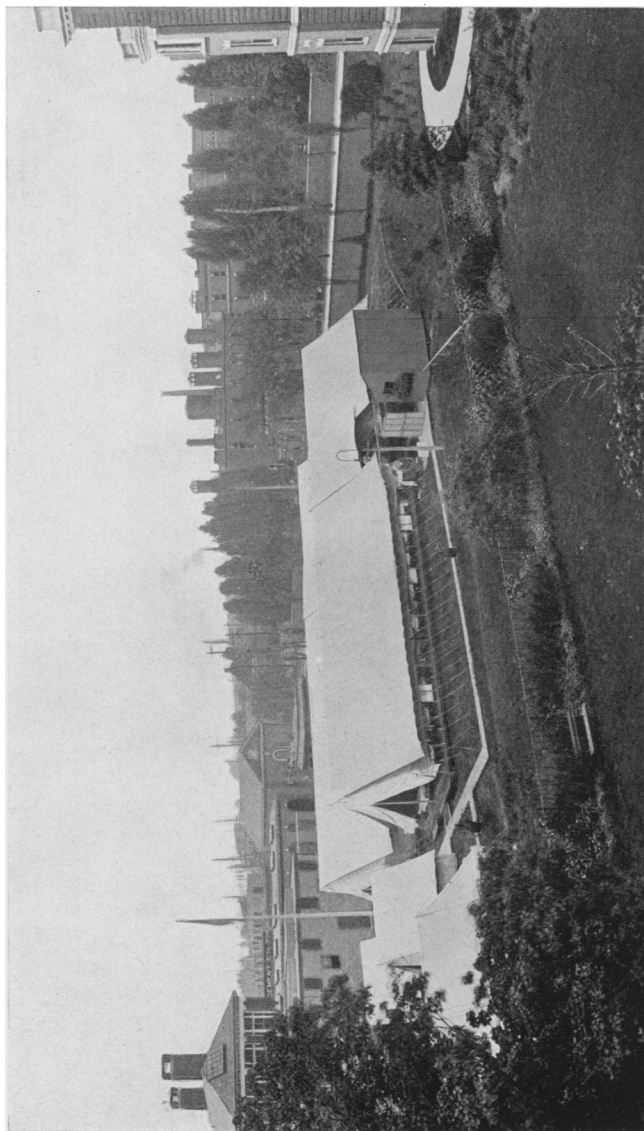
In the main the appointments are the same for either service. The bedsteads are of iron, and the bedding is the same as that used in the wards. In fact, when the first transfers were made from the hospital the patients were brought out on their mattresses placed upon trucks, so that they were disturbed as little as possible. The surgical tent is distinguished by its car for supplies and dressing-tables.

The patients are furnished with bedside tables and chairs. There are the usual screens, chart-holders, card-racks, and, in fact, all the appurtenances to which both patient and nurse have become accustomed.

The head nurse's tent combines an office and linen and supply closet. It is fourteen by fourteen feet, and is furnished with a desk, tables, lockers, and shelves for supplies. All linen from the laundry is brought here, folded, and kept for use. There is a telephone, and this tent, like all the others, is well lighted with electricity.



EXTERIOR VIEW OF TENTS FOR SOLDIERS, 1898



EXTERIOR VIEW OF TENTS, BOSTON CITY HOSPITAL

The commissary tent is also fourteen by fourteen feet, and is furnished like the service room of a modern hospital in so far as is possible. Shelves for dishes, a sink with hot and cold water, oil-stove, refrigerator, and table for serving diets complete the appointments. The diets are brought from the hospital kitchen in covered tins and are served to the patients as quickly as possible. The sanitary arrangements are contained in a wooden structure which is screened from view and divided into toilet-rooms and lavatory proper, the latter containing ward crockery and disinfectant solutions. It is provided with a good supply of hot and cold water.

Last, but not least in point of popularity, is the marquee, which serves as a sitting-room for convalescent patients. Many pleasant hours are passed there in reading and playing games.

It has been found that the regular routine work of the hospital can be carried on as easily in the tents as in the wards. A force sufficient to carry on the work, systematically arranged, consists of a head nurse to take entire charge of both departments, a senior nurse, two junior nurses, and two orderlies for the day service of the surgical department, and the same for the medical department, together with a senior nurse and two orderlies by night. A porter, a wardmaid, and a woman to wash the floors and care for the lavatory are also requisite. Bedmaking, sweeping, dusting, patients' toilets, serving of diets, and giving of all treatment follow in the accustomed manner.

The general health of the nurses improves very much, and it has been the policy to let as many as possible enjoy the benefit of a few weeks of tent life. As they themselves say, it is almost like having a vacation. They wear the Training-School uniform, but are provided with sailor hats.

While the same department is expected as in other parts of the hospital, there is an especial air of cheerfulness pervading this department, showing the beneficence of sunshine and pure air. Among the patients an air of comfort prevails, and while it is not possible here to state exact results, it is safe to say that sufficient benefit is derived to more than justify the outlay.

Typhoid patients have in almost all instances convalesced rapidly, while surgical cases have proved anew the old doctrine that pure air is required for the prompt healing of wounds.

A practical side of the subject also is, that by the removal of patients from two wards to the tents an opportunity has been given to renovate in succession five wards of thirty patients each during the summer months, making fresh accommodations for one hundred and fifty patients.

A hospital having this tent system at its command is ready for an

emergency; as, for example, during the Spanish-American war in August, 1898, the hospital was notified on Sunday to prepare for two hundred and two soldiers who were to arrive on the following Thursday. This was accomplished, although it involved labor at the rate of two hundred days for one man. This number of soldiers was cared for in tents until October, when they were removed to huts for warmer shelter, where they remained until the famous blizzard which visited the whole North Atlantic coast in November, 1898.

It was observed during the war that the largest proportion of recoveries was made by those patients treated out-of-doors, in tents and under trees; the next largest, those who were cared for in farmhouses and barns, while the smallest was of those who were taken to the large hospitals. From these observations we may draw our own conclusions.

About the middle of September the patients are returned to the wards and the tents removed. It is hoped much lasting benefit has been received, and that each patient may have many pleasant memories of his summer outing.

THE TRAINING OF BABIES

BY KATHARINE DEWITT

Graduate Illinois Training-School for Nurses

NURSES who care for children or who take obstetrical work come much in contact with nurse-maids and often work with them day after day. This may be made a very pleasant relationship if there is goodwill on each side, but it sometimes fails of such a result, either because the nurse is dictatorial or tactless, or because the nurse-maid resents having anyone else in command and is determined not to be interfered with. Whenever we are brought into such a position, it rests with us, as having, supposedly, a broader point of view, to do everything in our power to make the wheels move smoothly, to give the nurse-maid consideration and kindness, and to relieve her as much as possible of the harder tasks, that she may be rested and able to go on by herself when our time has come to depart. It is a great mistake for the nurse to assume that she has all to teach and nothing to learn. A good, conscientious nurse-maid can often teach us many things, and we should not insist upon her doing things in our way if hers is just as good, though different.

In obstetrical work I am often called upon to teach a nurse-maid my methods, and it is a most delicate task. An old, experienced nurse-maid will often agree to all I suggest, and will care for the baby as I